

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9969

163-041790

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 17 1963

VS 300 Rev. 4/59	DATE AMENDED 10-10-63
1	
2	222
3	
4	2
5	1
6	
7	1
8	2
9	
10	
11	
12	64-0
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Washington Park Cemetery
St. Louis, Co.

National Cemetery
Jefferson Barracks Mo.

23c
23b

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) Jewish Hospital		d. STREET ADDRESS 2771 Chouteau	
3. NAME OF DECEASED (Type or print) First Middle Last Walter May		4. DATE OF DEATH Month Day Year Oct 7 1963	
5. SEX	6. COLOR OR RACE N	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-1892
9. AGE (last birthday) 71	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repair	10b. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (City and state or country) Livingston Ala
12. CITIZEN OF WHAT COUNTRY U.S.A	13. FATHER'S NAME Shea May	13b. MOTHER'S MAIDEN NAME Anna Taylor	14. NAME OF HUSBAND OR WIFE Cordelia May
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dr. Konrad		Address Jewish Hospital	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leukemia or CA of COLON DUE TO (b) 2 Metastases DUE TO (c) 46.70			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CA of Colon			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/1/63 to 10/7/63 and last saw her/him alive on 10/6/63 Death occurred at 6:50 AM - 10/7/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. Konrad M.D.		22b. ADDRESS Jewish Hospital	
22c. DATE SIGNED 10/7/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-10-63	23c. NAME OF CEMETERY OR CREMATORIAL NATIONAL CEMETERY	23d. LOCATION OF CEMETERY OR CREMATORIAL JEFFERSON BARRACKS, MO
24. FUNERAL DIRECTOR J. Wilson		25. DATE RECD. BY LOCAL REG. OCT 8 1963	
Address 2769 Chouteau		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

10-10-83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

OFFICE
FCS